

## INDEPENDENT CONTRACTOR AGREEMENT

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Res. Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Emergency Contact:      Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

The above person hereby affirms that they are acting as, and should be considered an Independent Contractor under the State of Oklahoma guidelines, and hereby agree to pay all applicable insurance, taxes, and any other fees and obligations as required by the State of Oklahoma and the United States Government.

The above person affirms that they are the sole and individual owner of the company and they have no employees and are therefore exempt from state worker's compensation, or carry the required worker's compensation. The above person, including any persons under their employment, will indemnify and save harmless the property owner, their agents, or associates thereof, if any, either past, present, and future, from all claims and expenses of whatsoever kind or nature, caused directly or indirectly from the nature of work covered by the contract and performed upon the property, including injury, death, or property damage.

Independent Contractor acknowledges and affirms that the information provided herein is correct, and understands that property owner may file the proper and appropriate tax reporting as required for sums paid to Contractor.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Independent Contractor

Printed Name: